

Effective October 1, 2001

Application or Docket Number

09995004

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		24				RATE	FEE	ı	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			78 minus 20=		· 5 %		X\$ 9=		OR	X\$18=	1044	
INDEPENDENT CLAIMS			minus 3 = *		* 2_		X42=		OR	X84=	128	
MULTIPLE DEPENDENT CLAIM PRESENT								Oh		299		
* If the difference in column 1 is less than zero, enter "0" in column 2							+140=		OR	+280=	0.03	
* IT	the difference	in column 1 is	iess than z	ero, ente	er "U" in (column 2	TOTAL		OR	TOTAL	1850	19
CLAIMS AS AMENDED - PART II							SMALLI	=NTITV	OR	OTHER SMALL		
0.31		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	SINALL) 		ADDI-	ł
AMENDMENT A		REMAINING AFTER		NUN PREVI	MBER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL	
	Total	AMENDMENT	Minus		FOR	=	V# 0	FEE		X\$18=	FCC	
	Independent	<u>*</u>	Minus	**		1=	X\$ 9=		OR			ł
		* NTATION OF M		***	T CLAIM		X42=		OR	X84=		
	THOTTHEOL	INTALION OF IN	OEIII EE DI			·	+140=		OR	+280=		ł
							TOTAL		OR	TOTAL		1
		(Column 1)		(Colu	ıma 2\	(Column 3)	ADDIT. FEE		J O	ADDIT. FEE		1
		(Column 1) CLAIMS			ımn 2) HEST	(Column 3)		ADDI-	1		ADDI-	1
AMENDMENT B		REMAINING AFTER			MBER IOUSLY	PRESENT	RATE	TIONAL		RATE	TIONAL	i
		AMENDMENT			FOR	EXTRA		FEE	1		FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		l
	Independent	*	Minus	***	1	=	X42=		OR	X84=		1
	FIRST PRESE	NTATION OF M	ULTIPLE DI	EPENDEN	T CLAIN	1 🗌					1	1
							+140=		OR		<u> </u>	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		1
		(Column 1)		(Colu	ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS		HIG	HEST			ADDI-	1		ADDI-	1
		REMAINING AFTER			MBER IOUSLY	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL	1
		AMENDMENT			DFOR	EXTRA	100.0	FEE		1000	FEE	
	Total	*	Minus	**		=	X\$ 9=		l or	X\$18=		1
	Independent	*	Minus	***		=	X42=		1	V04		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR	1,0,1	 	-	
-							+140=		OR	+280=		j
		ımn 1 is less than ımber Previously F					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		1
**	If the "Highest Nu	ımber Previously I mber Previously P mber Previously P	Paid For" IN T	THIS SPACE	E is less th	han 3, enter "3."	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	avandata ba				1